Under the Pape	ernot Rec	ivation A	ct of 1990	no persons ere	required to res	pond	U.S. Pulent do a coffection	of informer	erk Office; on unless l	U.S. (ough (/) (/) DEPARTME(lays a valid ()	06. QMB 0651-0 VT OF COMMER MB control and	
Under the Peperiods Reduction Act of 1995, no persons are required to respond to a collection of information under the PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875. Effective December 8, 2004										Application or Docked Minner			
	APPL		ON AS FILED — PART I Column 1) (Column			· .	SMALL ENTITY			OR ·	OTHER THAN SMALL ENTITY		
FOR			NUMBER FILED		NUMBER EXTRA		RATE	g e	E (B)	•			
BASIC FEE (37 CFR 1.16(4), (4)	(a kl)	NUA			, N/A		. NA		0.00	• .	RATE (S	300.00	
SEARCH FEE 137 CFR.1 10(N. (L.	or (제)	N/A `			NA.		. N/A	\$2	50		NA	\$500	
EXAMINATION FEE (37 CFR 1.16(4), 61, 61(1)		NA			N/A	7	. NA	\$1		•			
TOTAL CLAIMS (37 CFR 1.16(1))		. 33 minus 20 e.		1 >	\exists	X\$ 25	- 			NIA	\$200		
INDEPENDENT CLAIMS		~		<u>·1 S :.</u>	\dashv		<u>- 33</u>	25	æ ∶	X\$50	• 1		
DI CHE LIGHT		ti the specification and drawings			S AYCeed 10	\perp	X100	-	<u> </u>		X200	•	
APPLICATION SIZE FEE 37 OFR 1.16(4)		sheets of paper, the application size fee dulis \$250 (\$125 for small entity) for each additional 50 sheets or traction thereof. Se											
		35 U.S.C. 41(a)(1)(G) and 37 C			FR 1.16(s).	_].		1.			•		
MULTIPLE DEPENDENT CLASM PRESENT (37 OFR 1.16(1))							+180=			- †	+360=		
If the difference in column 1 is loss than zero, enter "0" in column 2.						•	TOTAL	77	5	٠,	TOTAL	1	
APF	PUCATIO	ON AS	AMENI	DED – PART	i . H .	•	-	•	•	_		. ———	
119-06	(Colu	inn ()	• •	(Column 2)	(Column 3)	SMAL	L ENTITY	 o,	R	ОТНЕ	R THAN	
۷ -				HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA		RATEO	ADD			RATE (5)	ADOL	
Cotate Cotate	3.	>	Minus	PAID FOR	-	1	X\$ 25.	FEE	2)	-		FEE (1)	
Independent	2		Minus	7.7	-	4 :	X100 _	+	OR	⊢	X\$50 -	1	
Application Siz	Application Size Fee (37 CFR 1.		6(s))		<u> </u>	1	¥100 -	I	OR	13	X200 _		
FRIST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (DI CFR 1.160)							+180=	+		-	·	. ('	
							TOTAL		OR	L	+360=		
·	, .		•	•	•		ADOL FEE		OR		TOTAL VOO'L FEE	<u></u>	
1	(Colum		i	(Column 2)	(Column 3)			• •				•	
	REMAIN AFTE AMENDA	NING R		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDI- TIONA	L	F	RATE (1)	ADDI- TIONAL	
Total. (SECOR LINE)	•	1	.Minus		=		X\$ 25 · =	FEE (\$	<u> </u>	-		FEE (\$)	
Independent	•		Minus	***				 	OR	-	\$50 =	٠	
Application Size Fee (37 CFR 1.16(s))							X100		OR:	LX	200 _		
PREST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.100)									- :	-			
• • • • •					(W)	L	+180=		OR	Ľ	·360=		
•							TOTAL		.1	. 10	DTAL		

The Highest Number Proviously Paid For (N THIS SPACE is less than 3, enter 3.

The Highest Number Proviously Paid For (Total or independent) is the highest number found in the appropriate box in column 1, is collection of Highest Number Proviously Paid For (Total or independent) is the highest number found in the appropriate box in column 1, is collection of Highest Number Proviously Paid For (Total or independent) is required to obtain a benefit by the public vitich is to file (and by the proviously an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is stimulied to take 12 minutes to complete tuding gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments the endough for your order to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Petert 1 Trademark Office, U.S. Department of Commorce, P.O. Box 1450, Alexandria, VA 22313-1450.

ORESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

ADO'L FEE

If the entry in column 1 is loss than the entry in column 2, write "V" in column 3.
 If the Trighest Number Previously Paid For IN THIS SPACE is less than 20, enter "20". If the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter 3".